



UTAH COUNCIL  
for Worksite  
Health  
Promotion

## A HEALTHIER YOU™ 2002 LEGACY AWARDS

### Utah Council for Worksite Health Promotion 2004 Healthy Worksite Award Program Outcome Form

*Submit at least one completed form for the Gold Level Award or at least two completed forms for the Gold Plus Level Award.*

**Name of Program:** \_\_\_\_\_

Site Contact Information:  
Company Name:  
Coordinator:  
Address/City/State/Zip  
Email:  
Phone/Fax

### Program Demographics

**Type of Program:** \_\_\_\_ *Member Incentive Program* \_\_\_\_ *Employee Health Promotion Program* \_\_\_\_  
*Other*

**Client Industry:**

**Season of Program:** \_\_\_\_ *Fall*, \_\_\_\_ *Winter*, \_\_\_\_ *Spring*, \_\_\_\_ *Summer*

**Program Theme:**

**Target Audience:**

**Work Environment:**

**Program/Management Goals: (general overall goals-verify that goals meets client needs)**

Goal	Outcome / Actual

**Program/Management Objectives: (specific and measurable outcomes)**

Objective	Outcome / Actual


**Promotion:** (check all methods of promotion used)

## Flyers

## Posters

**Company Newsletter** \_\_\_\_\_

**E-mail**

## Voice-mail

## Lobby Displays

## Bulletin Boards

## Management Memo

## Word of Mouth

**Locker Display**\_\_\_\_\_

### Bathroom Stall Display

## Member Log-in Screen

## Intranet site

## Paycheck Stuffers

**Display Case** \_\_\_\_\_

### TV/PowerPoint Show

**Other:** \_\_\_\_\_

**Program Description & Procedures:** (detailed program components including incentives – describe program steps so future staff can easily understand and replicate)

### Team Responsibility & Timeline:

### Participation:

Eligible Employees or Members	# of Participants	% of Eligible Employees / members Participating	# of Employees / members Succeeding	% of Employees / members Succeeding

### Costs:

[illegible]

<b>Totals</b>							
<b>Total Program Cost:</b>	<b>Cost Per Eligible Participant:</b>	<b>Cost Per Registered Participant:</b>		<b>Cost Per Successful Participant:</b>			

**Program Highlights & Possible Modifications: (future changes, program successes, etc.)**

Participant Comments: *(based on participant feedback what changes would you make)*

**Staff Evaluation:(at the completion of the program what changes would you make)**

1. Was there anything that should have been included or deleted from the program?
2. Was the program difficult enough?
3. Was your marketing strategy effective?
4. Would you do this program again?